

MICHIGAN CIVIL SERVICE COMMISSION

Employee Benefits Division

Important Notice

New COBRA Information

April, 2009

Recent changes to federal law allow involuntarily terminated employees and their qualifying beneficiaries to continue coverage for health, dental, and vision insurances at rates 65 percent lower than normal during the first nine calendar months of continued coverage. This premium assistance is only available under federal law to those who became eligible for COBRA coverage because of an involuntary termination. Employees and qualifying beneficiaries are not eligible if offered COBRA continuation coverage because of a voluntary separation, reduction in hours, death, divorce, or other events that are not an involuntary termination.

If you become eligible for COBRA continuation coverage, your human resources office will provide you with the forms necessary to apply for coverage. You can indicate on these forms the plans and beneficiaries for which you wish to continue coverage. You also can indicate whether you think you qualify for and wish to apply for the premium assistance benefit.

Your human resources office should provide you with a copy of the CS-1820 Form (Application to Continue Insurance), notices describing your COBRA rights prepared by the Employee Benefits Division and the federal Department of Labor, and rate charts for the various insurances available for continuation coverage. If you do not return a CS-1820 within 60 days, you will forfeit your ability to apply for continuation coverage.

If you became eligible for COBRA coverage after September 1, 2008, and received COBRA enrollment information from your human resources office, you will be receiving an additional notice describing the changes in federal COBRA law that was enacted on February 17, 2009. If you were involuntarily terminated and discontinued coverage, you may be eligible to reconsider those decisions and begin coverages again at reduced rates, effective March 1, 2009.

Please refer to the COBRA notices that you receive from your human resources office or the Employee Benefits Division for additional information on your COBRA rights. The general COBRA notice for the plans administered by the Employee Benefits Division can be read by following this link: [Continuation of Benefits "COBRA"](#)

The United States Department of Labor's homepage on the changes to COBRA contains additional information. To visit the website, click the following link: <http://www.dol.gov/ebsa/cobra.html>

If you have questions, you may contact the Employee Benefits Division at (517) 373-7977, (800) 505-5011, or TTY (517) 335-0191.